

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90097 045 ****61.25

DOCUMENT # 709798

1. Entity Name
CORAL GABLES EMPLOYEES' ASSOCIATION, INC.



Principal Place of Business

**2600 DOUGLAS ROAD
STE 1100
MIAMI, FL 33134**

Mailing Address

**PO BOX 140981
CORAL GABLES, FL 33134 US**



01042005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1676537

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CLYNE, REGINALD ESQ
CLYNE & ASSOCIATES
2600 DOUGLAS RD STE 1100
MIAMI, FL 33134**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, MARVIN
STREET ADDRESS	14532 SW 107 PL
CITY-ST-ZIP	MIAMI, FL 00000,
TITLE	2VP
NAME	CRUMBLEY, RON
STREET ADDRESS	2454 NW 177 TERRACE
CITY-ST-ZIP	OPA LOCKA, FL 33056
TITLE	V
NAME	SPIVEY , JEANIE A. (BERRYHILL)
STREET ADDRESS	20715 GULFSTREAM DR
CITY-ST-ZIP	MIAMI, FL
TITLE	T
NAME	MILLINGS, SHANTELL
STREET ADDRESS	10301 SW 146TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	SD
NAME	WALLACE, SYLVIA
STREET ADDRESS	11250 SW 138 TERR
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sylvia Wallace* SYLVIA WALLACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/05 305-586-8734

Date

Daytime Phone #